

State of California  
ABC-281  
10/99

Department of Alcoholic Beverage Control

License Type: 34 One Day Beer & Wine  
License Nontransferable

LICENSE NO. 9528435  
Receipt No. 2491712  
Fee Paid \$50.00  
Geographical Code 1933

**APPLICATION:**

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION: HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE  
LOCATION ADDRESS: 5970 SANTA MONICA BLVD  
LOS ANGELES, CA 90038

TYPE OF EVENT: OTHER EVENT

HR/DATES DURING WHICH  
ALCOHOL WILL BE SOLD: April 29, 2018  
6PM-10PM

ESTIMATED ATTENDANCE: 195

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU  
5970 SANTA MONICA BLVD  
LOS ANGELES, CA 90038  
[REDACTED]

**LICENSE:**

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.

Good for 1 day(s). Date Issued April 5, 2018.



Director of Alcoholic Beverage Control

By \_\_\_\_\_

[Signature]

**DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable**

**Instructions:** Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit <http://www.abc.ca.gov/distmap.html>

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.

LICENSE NUMBER	GEO CODE
9528435	
RECEIPT NUMBER	
2491712	
FEE	
\$ 25	

1. ORGANIZATION'S NAME	CONDITIONS REQUIRED	DIAGRAM REQUIRED
Hollywood Forever Inc. - Endowment Care & Memorial Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. LICENSE TYPE (Check appropriate license type AND organization type)		
a. <input checked="" type="checkbox"/> Daily General (\$25.00) <i>(Includes beer, wine and distilled spirits)</i>	<input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure <input type="checkbox"/> Fraternal Organization in Existence Over Five Years with Regular Membership <input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose <input type="checkbox"/> Religious Organization <input type="checkbox"/> Other: _____ <input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00) <small>NUMBER OF DISPENSING POINTS</small> _____	
b. <input type="checkbox"/> Special Daily Beer (\$25.00)	<input checked="" type="checkbox"/> Special Daily Beer & Wine (\$50.00)	<input type="checkbox"/> Special Daily Wine (\$25.00)
<input type="checkbox"/> Charitable <input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Political <input type="checkbox"/> Other: _____ <input type="checkbox"/> Civic <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Cultural <input type="checkbox"/> Amateur Sports Organization	<small>NUMBER OF DISPENSING POINTS</small> 1	
c. <input type="checkbox"/> Special Temporary License (\$100.00) <i>(Different privileges depending on statute)</i>	<input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P <input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P <input type="checkbox"/> Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P <input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P <input type="checkbox"/> Other Special Temporary Licenses, per Section _____	
License number _____	Amount \$ _____	
3. EVENT TYPE		
<input type="checkbox"/> Dinner <input type="checkbox"/> Dance <input type="checkbox"/> Wedding <input type="checkbox"/> Lunch <input type="checkbox"/> Picnic <input type="checkbox"/> Barbeque <input type="checkbox"/> Social Gathering <input type="checkbox"/> Festival		
<input type="checkbox"/> Sports Event <input type="checkbox"/> Concert <input type="checkbox"/> Birthday <input type="checkbox"/> Mixer <input type="checkbox"/> Carnival <input type="checkbox"/> Dinner Dance <input checked="" type="checkbox"/> Other: Interviews and Literary Readings		
4. TOTAL # OF DAYS	5. ESTIMATED ATTENDANCE	6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION
1	195	From 6:00pm To 10:00pm
7. EVENT DATE(S)	8. EVENT IS OPEN TO THE PUBLIC	
Sunday 04.29.2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. EVENT LOCATION (Give facility name, if any, street number and name, and city)	The Masonic Lodge - 5970 Santa Monica Blvd, Los Angeles, CA 90038	
10. LOCATION IS WITHIN THE CITY LIMITS	11. TYPE OF ENTERTAINMENT	12. SECURITY GUARDS
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Interviews and Literature Readings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. AUTHORIZED REPRESENTATIVE'S NAME		14. REPRESENTATIVE'S TELEPHONE NUMBER
Jay Boileau		_____
15. REPRESENTATIVE'S ADDRESS		
6000 Santa Monica Blvd, Los Angeles, CA 90038		
16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)		
17. AUTHORIZED REPRESENTATIVE'S SIGNATURE		18. DATE SIGNED
Yogu Kanthiah		03.27.2018
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE		PROPERTY OWNER APPROVAL BY (Name), REQUIRED
OFFICER ANNABELLE EUBANK 31392		PHONE NUMBER
DISTRICT OFFICE APPROVAL BY (Name)		PROPERTY OWNER SIGNATURE
		DATE SIGNED 03.27.2018
		LAW ENFORCEMENT SIGNATURE
		ABC EMPLOYEE SIGNATURE
		DATE SIGNED 03.27.2018
		ISSUANCE DATE 3/28/18

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